



NAVY AND MARINE CORPS MEDICAL NEWS

July 2013

MEDNEWS Items of Interest

In July, Navy Medicine highlights jointness across the Navy Medicine enterprise. By partnering with the other services, federal health care institutions, non-governmental organizations, the private sector and academic partners, Navy Medicine is becoming stronger, building a better team together.

Aug. 4 will mark the Medical Service Corps' 66th birthday

Aug. 22 will mark the Dental Corps' 101st birthday

Check out Naval Medical Center San Diego's new Graduate Medical Education: Pediatrics Department video: <http://youtu.be/z06wFoakuUU>. NMCSD's GME program has been preparing physicians with the knowledge, skills and expertise necessary to provide outstanding patient care.

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Did You Know?

Navy Medicine personnel provide high-quality health care to more than one million eligible beneficiaries worldwide.

Pacific Partnership 2013 arrives in Marshall Islands

**By Mass Communication Specialist
2nd Class Tim D. Godbee**

MAJURO, Marshall Islands - Pacific Partnership 2013 arrived at its third mission port, the Republic of the Marshall Islands, July 3.

Volunteers from the United States, partner nation military members and non-governmental organizations are scheduled to take part in a variety of projects while ashore in the Marshall Islands such as the installation of rain water catchment and filtration, health fairs, engineering projects, disaster response seminars and training with the goal of improving the Marshall Islands' overall disaster preparedness.

"As we've learned previously, no nation can successfully conduct operations

in response to major disasters such as earthquakes or tsunamis by themselves," said Royal New Zealand Navy acting Capt. Anthony Millar, Pacific Partnership 2013 deputy mission commander. "It is necessary for nations to be able to work together to achieve a timely response to emergencies. Pacific Partnership provides a great opportunity for nations to practice being able to coordinate and collaborate in host nations."

Dale Lai, a non-governmental organization volunteer with the University of California, San Diego Pre-Dental Society, said she's eager to get started.

"With each site that we go to it's an adventure. We have an idea of what we're going to be doing, what the people are

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Photo by Mass Communication Specialist 2nd Class Laurie Dexter

Lt. j.g. Kristen Ayala explains how to check for negative air pressure within a building to nurses of the tuberculosis isolation ward at Ebeye Hospital during Pacific Partnership 2013. Pacific Partnership is a mission that brings host nation governments, U.S. military, partner nation militaries and non-governmental organization volunteers together to conduct disaster-preparedness projects and build relationships in the Indo-Asia-Pacific region to better respond during a crisis.

Jointness across Navy Medicine

Jointness is paramount as we move toward a more collaborative and plugged-in world across the Military Health System. By partnering with our sister services and other federal health care institutions, non-governmental organizations, the private sector and our academic partners, we are becoming stronger. We're building a better team together using the synergy of each of our strengths. This jointness is also pivotal to value and readiness in the care we provide and the way we execute our mission.

Whether you are a Navy researcher attached to one of our Navy Medical Research Units around the world; a corpsman in school at the Medical Education and Training Campus at Fort Sam Houston or an orthopedic surgeon at Walter Reed National Military Medical Center; your job influences all Services. I would like to focus this month on the many partnerships across the enterprise in such areas such as research and development, medical education, resource sharing, and clinical informatics, among others that exemplify how we are working in a joint environment.

Nowhere is jointness more prominent than in Navy Medicine's research and development partnerships worldwide. Many Navy Medicine researchers and labs work with local ministries of health, academic partners, and international health organizations around the globe to conduct lifesaving research. Navy Medicine has supported several research projects in

the areas of psychological health, traumatic brain injury, suicide prevention, trauma medicine, disease surveillance, vaccine development, entomology, and drug testing. Some examples include the Millennium Cohort Study, which is the largest long-term health study in U.S. military history, and the Navy Drug Testing program. The work conducted at the Navy Entomology Center of Excellence (NECE) is a great example of jointness in research and development. NECE has partnered with scientists and public health professionals from the Army and Air Force, as well as the World Health Organization, U.S. Department of Agriculture, and other federal agencies to develop new insecticides, techniques and application technologies to control blood feeding insects that transmit human disease that threaten the warfighter on the battlefield, such as malaria and dengue.

We are also seeing jointness in our education and training. A prime example of this is at the state-of-the-art joint Medical Education and Training Campus (METC) at Fort Sam Houston, Texas where our corpsmen learn alongside Air Force, Army and Coast Guard personnel. The METC offers our enlisted personnel more than 60 medical programs of instruction, and boasts 24,000 annual graduates. We are very proud of the great work that is being done there.

Navy Medicine also has a robust sharing program with the various Department of Veterans Affairs hospitals and clinics. Resource sharing between Navy Medicine and VA allows for enhanced services to both DOD and VA beneficiaries, while promoting cost-effective use of federal health care resources through less duplication and underuse of resources. We share services in the areas of: cardiology, physical therapy, mental health, OBGYN, surgical services, emergency services and other sub-specialty care. In addition, Navy Medicine and VA maintain clinical research relationships to gain further understanding of deployment-related injuries and illness, PTSD, impact of various military stressors, and overall health status of active duty military, guard/reserves, retirees and other veterans.

Our clinical informatics directorate at BUMED leads the tri-service effort to standardize our Essentris Inpatient Electronic Health Records (EHR). They have




Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General


been working hard to create and lead content advisory groups to best optimize and improve our inpatient Essentris EHR. Today, there are more than 900 tri-service clinicians and other key players involved in patient care who meet regularly to determine the best way to standardize Essentris inpatient content and workflows in medical treatment facilities (MTF) worldwide. As a result, our EHR now has better clinical decision support and resources, uniform workflows and potentially improves patient outcomes. Another benefit of standardization is decreased training costs. When you move to a new MTF, less orientation and training is needed because workflows are now more similar across all of our MTFs.

As I tell all who ask, we must find the efficiencies and synergies of joint care and processes. Equally important is to always celebrate those Navy traditions and unique mission requirements that will always fall to a maritime portfolio. Our approach will be joint where possible; however, we will continue to excel and invest in those capabilities that are uniquely inherent to Navy Medicine. I have had the honor to command Army and Air Force personnel, I have practiced in the VA hospital system, and I have seen the passion that the private sector and academic centers bring to our mission — united we will make a difference for the Warrior in combat and the family at our door. We will celebrate our joint accomplishments and cherish our spirited traditions (Go Navy, Beat Army!) One Team...One Fight!

I am very proud of the work you do each day. Thank you for your service and as always, it is my honor and privilege to serve as your surgeon general.



Navy and Marine Corps
Medical News



U.S. Navy Bureau of Medicine and Surgery

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Frank Cable welcomes new dental technology

By Cmdr. Harold Zald, USS Frank Cable Senior Dental Officer

USS FRANK CABLE, Guam - The dental division on board the submarine tender USS Frank Cable (AS 40) acquired and implemented a new dental technology in January 2013.

The Computer Aided Design/Computer Aided Manufacturing (CAD/CAM) technology that greatly increases the ship's ability to provide advanced and definitive dental restorations to the Sailors onboard, the tended submarines of Commander, Submarine Squadron 15, and surface ships of U.S. Seventh Fleet. Frank Cable is the first ship in the Pacific Fleet to implement this dental technology.

In the past, Sailors needing to have crown portions of their teeth rebuilt would have to wait two to eight weeks for the fabrication of their dental restorations to be completed on board or shipped to and from stateside laboratories due to the ship's older technology and forward-deployed location. This is no longer the case.

"One day service is now a reality for our Sailors and CAD/CAM technology has changed the way Frank Cable is able to provide dental services to its Sailors," said Cmdr. Harold Zald, senior dental officer onboard Frank Cable. "This system is extremely efficient and productive, not only for the patient and treating dentist, but also for the command. The Sailor is now able to return to their duties in a shorter amount of time and with fewer appointments, which saves the Navy in lost man-hours."

This new technology also helps correct any discrepancies in medical records.

"This new equipment gives our staff dentists and their patients a huge advantage that allows any incomplete data areas



Photo by Cmdr. Harold Zald

Navy dental officer Lt. James Lish (left) and Hospitalman (SW) James Reece (right), assigned to the submarine tender USS Frank Cable (AS 40), utilize Computer Aided Design/Computer Aided Manufacturing technology to obtain highly accurate dental digital images of a Sailor's prepared tooth. The image is transferred to the computer and is used to digitally design a complete crown restoration and is then transferred to a remote milling unit, all being done within the same work space.

in the "digital impression" to be discovered and resolved immediately during the imaging process," said Lt. James Lish, a general dental officer aboard Frank Cable. "The process helps to prevent the patient having to be re-appointed to make corrections that are discovered later during laboratory processing and causing even more time away from their work centers."

Lt. David Burke, a general dental officer aboard Frank Cable, states that patient acceptance of this new technology has been very high due to quick turnaround times.

"Having soft, elastic molding impres-

sion materials placed in their mouths is not always a patient favorite. The traditional process involved removing the elastic molds from the patient's mouth, a visual inspection by the dentist for accuracy and then sent to the ship's dental fabrication section or shipped back to the U.S., a process that could take days or weeks," said Burke. "With this new digital system, we can prepare teeth, obtain highly accurate digital images, make needed corrections and, in short order, do a digital, three-dimensional design at chair side and complete the dental treatment in one day."

will do a superb job," said Millar.

Conducted annually since 2006, Pacific Partnership is the largest disaster response-preparedness mission in the Indo-Asia-Pacific region. The mission was born after U.S. military responded to the needs of people in Southeast Asia following the devastating tsunami in 2004.

Working at the invitation of each host nation, Pacific Partnership is joined by partner nations that include Australia, Canada, Colombia, France, Japan, Malaysia Singapore, South Korea and New Zealand to strengthen disaster response preparedness around the Indo-Asia-Pacific region.

The Marshall Islands is one of many host nations for Pacific Partnership 2013. Others include Samoa, Tonga, Papua New Guinea, Kiribati, and the Solomon Islands.

PARTNERSHIP

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like and what the culture is like, but when we're actually there, something always takes us by surprise," said Lai. "We've been communicating really well with the professionals there, we're both really excited to work with each other. The dentists in Marshall Islands have been very receptive towards us so I'm just excited to see what it's like there, see what we can help them with and see what we can learn from them."

Millar also expressed his enthusiasm about the things to come in the Marshall Islands.

"I'm very proud to be part of the Pacific Partnership mission and I know that the professionals that I'm working along side

NMCPHC launches Injury and Violence Free Living Campaign

From Navy and Marine Corps Public Health Center Public Affairs

PORTSMOUTH, Va. - The Navy and Marine Corps Public Health Center (NMCPHC) announced the launch of its Injury and Violence Free Living campaign July 3, as part of its ongoing Health Promotion and Wellness (HPW) program.

The campaign is part of a fleet-wide effort to provide Sailors, Marines, their families and health educators with access to tools, resources and strategies that promote and prevent injuries both on and off the job.

The timing of the announcement is aligned with Summer Safety Month and the Naval Safety Center's Summer Safety Campaign 2013, "Live to Play, Play to Live."

"Sailors and Marines are trained to stay safe on the job, but are not always aware of best safety practices at home," said Diana Strock, NMCPHC Active Living and Injury and Violence Free Living program manager. "The resources available through the Injury and Violence Free Living campaign educate Sailors, Marines and their families on ways to reduce the incidence and severity of injury, especially during summertime activities."

A key focus of NMCPHC's Summer Safety Month is preparing for and staying safe during a storm. According to the National Oceanic and Atmospheric Administration, an average of 100,000 thunderstorms occur in the United States each year. Tips to increase your family's awareness and preparedness are available in the HPW section of NMCPHC's website.

With the warmer, longer days attracting children and families outdoors, sports safety is also a significant element of Summer Safety Month. From helmets to sunscreen, to proper stretching and hydration, NMCPHC provides an array of tips and resources to avoid common yet preventable sports injury and illness.

The Injury and Violence Free Living sub-campaign is part of the NMCPHC's HPW Campaign, which provides innovative and evidence-based health promotion and wellness programs and services that facilitate readiness and resilience, prevent ill-



Poster courtesy of NMCPHC

A poster from Navy and Marine Corps Public Health Center's Injury and Violence Free Living Campaign.

ness and injury, hasten recovery and promote lifelong healthy behaviors and lifestyles.

HPW aligns with the 21st Century Sailor and Marine Initiative, a set of objectives and policies across a spectrum of wellness, that maximizes each Sailor's and Marine's personal readiness to hone the most effective combat force in the history of the Department of the Navy (DoN); as well as "Operation Live Well," a Defense Department campaign targeting service members, veterans and military operational leaders encouraging them to live healthy and active lifestyles.

To access and download Injury and Violence Free Living materials visit: <http://www.med.navy.mil/sites/nmcpHC/health-promotion/injury-violence-free-living/Pages/injury-violence-free-living.aspx>.

NMCS D Wounded Warriors REACH for success

By Mass Communication Specialists 2nd Class Jessica L. Tounzen, Naval Medical Center San Diego Public Affairs

SAN DIEGO - For the first time, Naval Medical Center San Diego (NMCS D) has hired three new employees through Navy Medicine's Reintegrate, Educate and Advance Combatants in Health Care (REACH) program June 2013.

REACH is a mentorship program designed to help wounded, ill and injured service members recovering at military treatment facilities like NMCS D develop the skills they need for various careers in the health care industry. REACH's counselors provide career advice, education counseling and experience through on-the-job training and part-time employment, with the possibility for future job placement.

"It's another step in helping our nation's wounded warriors with their recovery and transition, whether they're staying in the military or moving into the civilian world," said Lt. Brook Borden, NMCS D's REACH program

coordinator and Medical Transition Company Division officer. "It's an excellent way to help service members further themselves. It's a way to pay it forward, to take care of our own."

Marine Cpl. Emmanuel Rodriguez joined NMCS D's REACH program Feb. 20, 2012 while still on active duty. During this time, he shadowed providers in the hospital's Occupational Therapy Clinic, a place that had a special meaning for him as it brought back memories of his rehabilitation following injuries sustained in Afghanistan in 2010. He developed an interest in physical rehabilitation and health care during his time as an inpatient at NMCS D. Through a chance encounter with a fellow wounded service member, he learned about REACH and its opportunities.

"During his time in the Occupational Therapy Clinic, Mr. Rodriguez was very professional, inquisitive and had excellent interpersonal skills," said his mentor, Lt. Normanie M. Garrett, NMCS D Occupational Therapy Division officer. "Patients



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Clinic leadership takes the lead in sexual assault training

By Heidi Linscott, Public Affairs Officer, Naval Health Clinic Quantico

QUANTICO, Va. – Naval Health Clinic Quantico's leadership's creative teaching style captured the attention of all staff members during the Sexual Assault Prevention and Response (SAPR) Training Stand down during June.

The Secretary of Defense, May 17, 2013, directed military services to conduct command wide SAPR stand downs that began in mid June and were to be completed by July 1.

The Chief of Naval Operations further directed the command triad (commanding officer, executive officer and command master chief) to lead a two-hour training session that focused on SAPR principles and focus on the importance of fostering a climate of dignity and respect.

The clinic not only complied with the guidance but by July 1 they achieved 99% contact, the highest rate of personal contact for the Navy Medicine National Capital Area.

Capt. Kathy T. Becker, commanding officer, Naval Health Clinic Quantico, went one step further and directed her leadership to conduct an inspection of clinical areas and work spaces to ensure that the clinic appearance was professional and free of any materials that may be considered offensive in manner.

Capt. Thomas A. Craig, the new executive officer for Naval Health Clinic

Quantico, taught several of the clinic's SAPR stand down classes and says he believes that a good professional working environment is key in the prevention of sexual harassment and assault.

Craig has 32 years of Navy experience including deployments and being a general medical officer in the Emergency Room and Portsmouth Naval Hospital.



Photo by Heidi Linscott

Capt. Thomas Craig, executive officer, Naval Health Clinic Quantico, leads a Sexual Assault Prevention and Response training stand down at the John H. Bradley Health Clinic, Officers Candidate School, June 21.

He says that he understands the sensitivity and importance of SAPR training. He says that his strategy to teaching is to keep the class involved by using clear, definable examples and practical application.

During his classes Craig defined sexual

harassment and assault and demonstrated how everyone perceives things

differently. He then gave instructions on how to report, the importance of reporting and that no one should fear reprisal.

"It is important that the staff know that reporting is everyone's responsibility," said Craig. "Reporting is simply correcting offensive behavior and no one should fear reprisal for doing what is right."

Craig then asked staff members to take an oath to letting the offender know they have been offended by an action or comment or that they will direct it through their chain of command.

Elsie A. Velez, leading nurse practitioner, Washington Navy Yard, Branch Health Clinic, attended SAPR training on June 26 and said that it was the best SAPR course she has ever been to.

"I found the class informative, entertaining and very interactive," said Velez. "Capt. Craig put it all into a perspective I could understand."

Velez feels that everyone should be required to take this training and believes that sexual harassment does not focus just on active military members.

"We are all responsible for reporting, so we should all know how to report," said Velez.

Velez was so motivated by the training that she has recently volunteered to be a SAPR representative.

"It is important that the staff know that reporting is everyone's responsibility."

Capt. Thomas A. Craig
executive officer, Naval Health Clinic Quantico

Got News?

If you'd like to submit an article or have an idea for one, contact MEDNEWS at 703-681-9032 or Valerie.Kremer@med.navy.mil



Wounded Warriors selected for elite athletic competitions

From Navy Wounded Warrior - Safe Harbor Public Affairs

WASHINGTON - Several Navy wounded warrior athletes have been chosen to represent the U.S. at the 2014 Paralympics and the 2013 International Paralympic Committee (IPC) Athletics World Championships.

In May, retired Navy Hospital Corpsman 2nd Class Tyler Burdick was named a member of the 2013-14 U.S. Paralympics Snowboard National Team, which is the first national team in the sport. In June, retired Navy Master-at-Arms Seaman Steven Hancock and retired Navy Hospital Corpsman 2nd Class Max Rohn were selected to compete in track and field at the 2013 IPC Athletics World Championships July 19-28 in Lyon, France.

"We are immeasurably proud of our athletes and their incredible achievements," said Navy Wounded Warrior (NWW) - Safe Harbor director Capt. Steve Hall. "Our wounded warriors are wonderful representatives for our country. In addition to their phenomenal athletic skills, they have demonstrated determination, resiliency and heart throughout their military careers and personal journeys towards recovery."

NWW - the Navy's support program

for seriously wounded, ill and injured Sailors and Coast Guardsmen - sponsors Team Navy at the an-

annual Warrior Games in Colorado Springs, Colo. All three athletes are enrolled in the program and previously have competed

"Our wounded warriors are wonderful representatives for our country."

Capt. Steve Hall
director, Navy Wounded Warrior - Safe Harbor

on behalf of Team Navy.

Burdick, a combat-wounded veteran, has been snowboarding for most of his life. He was first introduced to adaptive snowboarding last year, when he began

volunteering for the National Ability Center's ski program in Park City, Utah. He competed in the NorAm National



Photo by Mass Communication Specialist 2nd Class Andrew Johnson

Hospital Corpsman 2nd Class Max Rohn, from Rockville, Md., throws a shot put at the 2013 Warrior Games, May 13. More than 200 wounded, ill and injured service members and veterans, as well as an international team representing the United Kingdom, will compete at the U.S. Olympic Training Center and U.S. Air Force Academy.

Cup in January, where he took ninth place. He followed that achievement with a second-place finish at the National Championships in July.

Burdick was wounded in Afghanistan July 2010 when his armored vehicle struck a roadside bomb, which resulted in serious injuries to both of his feet. After undergoing multiple limb-salvage efforts, Burdick resigned himself to a future as an amputee. In October 2011, however, he was fitted with new, cutting-edge braces (Intrepid Dynamic Exoskeletal Orthoses) that redefined his abilities and allowed

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REACH

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were comfortable with him and eager to share the stories of how they sustained their injuries."

In February 2013 Rodriguez began working at the recruit clinic onboard Marine Corps Recruit Depot (MCRD) in San Diego, one of the busiest amongst NMCS's 13 Branch Health Clinics in the area, treating up to 600 recruits on any given day. Rodriguez was hired at MCRD as an administrative clerk May 20 and is currently pursuing his bachelor's degree in health care administration at National University. Following his graduation,

he hopes to continue his employment at MCRD and continue to give back to fellow wounded, ill and injured service members.

"[REACH] taught me how to become a civilian again. It really is a completely different world," he said. "They work around my school schedule and they're committed to helping me succeed. I'm very excited to have been given the opportunity to gain experience while working on my degree."

NMCS's first REACH student was hired May 6 and the most recent hire was made June 17. NMCS is only one of five military treatment facilities using the program, which currently has a total of 53 students enrolled, according to Jill Salaszyk, human resource specialist, BUMED Total Force.

NMETC Reserve participates in Hope of Martin 2013

By Mass Communication Specialist 1st Class (SW) Bruce Cummins, Navy Medicine Education and Training Command Public Affairs

MARTIN, Tenn. – Navy Medicine Education and Training Command (NMETC) Reserve Sailors have been practicing “jointness,” honing their military and medical skills, and providing health care services in West Tennessee since July 8 during one of Navy Medicine’s largest community outreach efforts in the Midwest.

They will be working through July 19 with more than 100 of their Navy Reserve, Air Force, Air National Guard and Army Reserve counterparts from 30-plus states during Hope of Martin 2013, an Office of the Secretary of Defense (OSD)-sponsored Innovative Readiness Training (IRT) mission designed to train reserve medical personnel and provide assistance to under-served communities.

NMETC Reserve Sailors and their sister service counterparts are providing medical, dental, pharmaceutical and ophthalmology services to several thousand Martin and surrounding area residents.

“Navy Medicine professionals are always willing to provide the best care possible,” said Capt. Gail Hathaway, MSC, NMETC commander. “This joint effort with Air National Guard and Army personnel is helping solidify the relationship between our men and women in uniform and those they have chosen to protect. Going into an area with limited medical facilities and providing care helps those on our own soil and helps better prepare our reserve medical forces fulfill their mission of saving lives on the battlefield. I’ve very happy our NMETC reserve team is involved in what I describe as a true community outreach effort.”

The tri-service medical personnel are providing multiple services, including nursing evaluations, cholesterol screening, blood glucose monitoring and Hemoglobin A1C testing. Dental services include assessments, extractions, fillings and cleanings. Eye exams and spectacle manufacturing are offered, and a pharmacy is dispensing prescriptions once

the patient has been seen and assessed by the medical team.

Capt. Michael Radiou, a Navy optometrist, is one of the Navy Medicine professionals serving the local community while training to ensure he’s ready to deploy.

“I’ve done a lot of these missions overseas, and it’s kind of nice to bring it back home,” Radiou said. “This mission is very important, not only to me personally but to the unit. We are operating with the other services.”

Radiou said that since the terrorist attacks of 9-11, military medicine has had to work closely with all the services to successfully complete their life-saving mission.

“We’re all medical professionals,” Radiou said. “That’s the commonality. But, we really need to know each other’s sub-cultures. Here we’re working with the Air Guard as well as with the Army Reserves. In the event of another deployment, if we’re operating jointly, we’ll be seamless in our activities.”

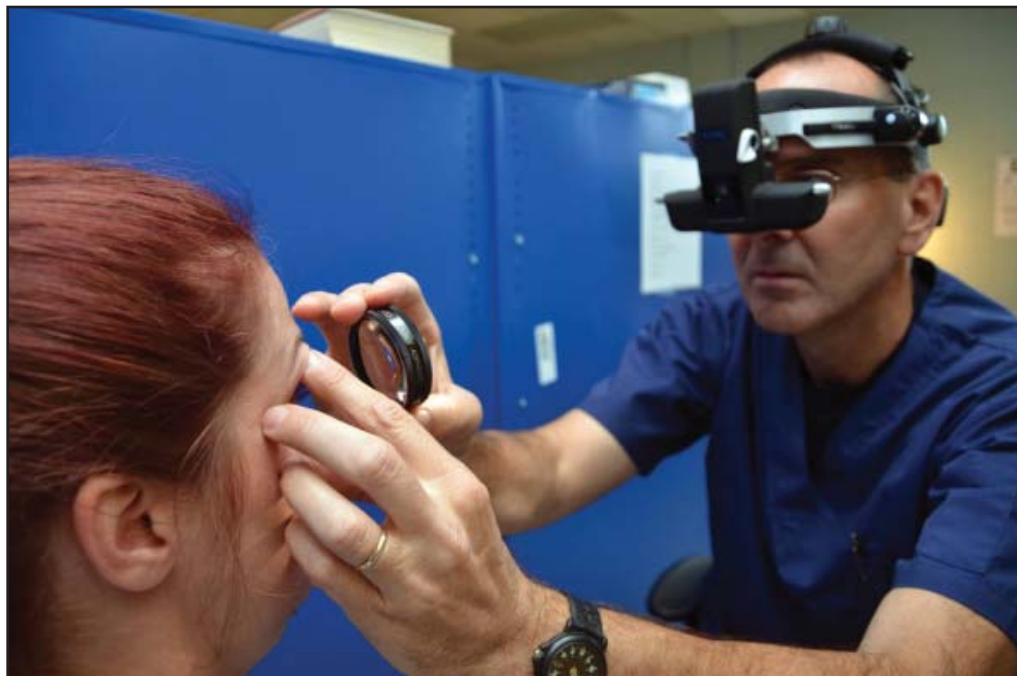


Photo by Mass Communication Specialist 1st Class (SW) Bruce Cummins

Capt. Mike Radoiu, MSC, an optometrist from Expeditionary Medical Facility Bethesda, Md., uses a binocular indirect ophthalmoscopy tool to examine a patient’s eyes at Martin Middle School in Martin, Tenn., July 11. Radoiu, along with more than 40 other Navy Medicine professionals, are participating in the Hope of Martin community outreach project, an Air National Guard-led initiative providing medical care during the Hope of Martin Innovative Readiness Training mission.



Photo by Mass Communication Specialist 1st Class (SW) Bruce Cummins

Capt. Mary Ann Gonzalez, right, from Expeditionary Medical Facility San Diego, performs a tooth extraction on a patient with the help of Senior Airman Rachael Bjerke, assigned to the 114th Fighter Wing in Sioux Falls, South Dakota, at Martin Middle School, July 10. Gonzalez, along with more than 40 other Navy medical professionals, are participating in the Hope of Martin community outreach project.



**View more Navy Medicine photos online at:
www.flickr.com/photos/navymedicine/**



Portsmouth leads enhanced multi-service market

By Deborah Kallgren, Naval Medical Center Portsmouth Public Affairs

PORTSMOUTH, Va. – As part of a major reform of the Military Health System, the military treatment facilities in southeastern Virginia are collaborating to increase readiness and strengthen the health care delivery system while cutting costs and increasing efficiency.

With more than 400,000 TRICARE beneficiaries to take care of, the Tidewater enhanced Multi-Service Market (eMSM) will oversee the operations of Naval Medical Center Portsmouth, the 633rd Medical Group at U.S. Air Force Hospital Langley, McDonald Army Health Center and their clinics. It is one of six eMSMs being created across the country and is the only one in which the Navy is the market leader.

The eMSM strategy puts leaders from each medical treatment facility (MTF) together to focus on the beneficiary and how care is delivered. The MTFs adopt common functions so they can move workload and personnel among the MTFs as needed to meet patient demand within military health care.

At its June 26 meeting, the Tidewater eMSM group continued to work out the details to reduce costs and maximize care within the MTF and clinics. They're looking to decrease purchased care costs by nearly \$29 million a year by reducing network emergency department use, recapturing network inpatient admissions, and optimizing the following areas: active duty currency, specialty care, pharmacy, behavioral health and the referral management process.

Multi-service markets focused on the MTF have existed for about 10 years; the eMSMs are developing five-year business performance plans mapping out the priorities and needs of the entire market.

Rear Adm. Elaine C. Wagner, commander, NMCP thanked the group for their response to data requests to complete the plan.



Photo by Mass Communication Specialist 1st Class (SW/AW) Steve Weber

Representatives of the Tidewater eMSM, from left, Capt. James Hancock, deputy commander, NMCP; Col. Wayne Pritt, commander, USAF Hospital Langley; Rear Adm. Elaine Wagner, commander, NMCP and eMSM market leader; and Lt. Col. Michael Cohen, director of clinical services, MacDonald Army Health Center.

"I'm optimistic about the way forward," said Wagner.

Col. Wayne Pritt, commander, USAF Hospital Langley, echoed the admiral's enthusiasm. "We have a monumental challenge in front of us. Langley is here to make this a success."

As the collaboration continues towards an official start date of Oct. 1, the Tidewater eMSM Executive Council will host a site visit at NMCP in July by Dr. Karen S. Guice, Principal Deputy Assistant Secretary of Defense for Health Affairs; Maj. Gen. Douglas J. Robb, prospective director, Defense Health Agency; Rear Adm. Donald R. Gintzig, eMSM Transition Chair, Bureau of Medicine and Surgery; the deputy surgeons general of the Army, Navy and Air Force; and others.

WARRIORS

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him to keep his limbs.

Becoming part of the paralympic team was the realization of a lifelong dream.

"I used to swim when I was younger, and I always hoped that one day I might go to the Olympics," said Burdick. "I'm so excited. It hasn't really even hit me yet. I wasn't planning for this at all, but snowboarding is a sport I am really passionate about."

Hancock, an open water scuba instructor who works with military veterans, also began seriously training a year ago in seated shot put and discus. Hancock seized gold in both events at the Warrior Games in May and earned top honors in both sports at the recent University of

Central Oklahoma Endeavor Games.

Hancock, who hails from Pueblo, Colo., was injured while deployed in 2009. He suffers from lower-body paralysis and uses a wheelchair. Upon learning that he would compete at the World Championships, he began lifting weights six days a week and throwing three days a week, focusing on building strength and improving his form.

"I'm pumped up and a little nervous [about the upcoming competition]," said Hancock. "This is my first time competing against athletes from other countries. But I am going to turn that nervousness into pushing hard and training. Making it to this level is a dream come true."

After making his mark at the World Championships, Hancock hopes to contend for a spot on the 2016 U.S. Para-

lympic track and field team. He works regularly with Team Navy coach Kent Pagel to improve his skills.

"From watching and analyzing footage of my competitions, to fitting me with a new chair, Coach Pagel is helping me every step of the way," he said.

Rohn, a below-the-knee amputee, was wounded in Iraq in 2009 when his Humvee was struck by a rocket-propelled grenade. A native of Longmont, Colo., he is a three-time member of Team Navy who has taken home several Warrior Games medals. Rohn will compete in discus at the World Championships.

NWW has a robust adaptive athletics program, which has positive and lasting effects on the physical and emotional well-being of wounded warriors.

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CORPSMAN IMPARTS BATTLE-TESTED TECHNIQUES

By Lance Cpl. Shaltiel Dominguez, 1st Marine Logistics Group

CAMP PENDLETON, Calif. – The medical tent erupted with noise as patients flooded in during a mass casualty exercise. Amidst the chaos, Hospital Corpsman 3rd Class Ali N. Adams, an administrative clerk with the Advisory Training Group, 1st Medical Battalion, 1st Marine Logistics Group, calmly observed and advised the less experienced corpsmen as they did their work.

Adams, a native of St. Louis, is part of the ATG, a select group of corpsmen who have deployment experience and are considered the best in their field. Their mission is to teach real-world techniques to less experienced Sailors.

“The Advisory Training Group staff are proven Sailors and Marines that have been battle tested,” said Navy Lt. Paul B. Dalangpan, company commander for Bravo Surgical Company, 1st Medical Battalion. “They are staff specialists who are certified in what they do.”

Adams’ personality is a perfect fit for the ATG, which demands leadership and teaching skills from its staff.

“I love to teach,” said Adams. “It’s really fulfilling when you see somebody learn and apply what you taught them.”

Despite the prestige that comes with



Photo by Lance Cpl. Shaltiel Dominguez

Hospital Corpsman 3rd Class Ali N. Adams, an administrative clerk with Advisory Training Group, 1st Medical Battalion, 1st Marine Logistics Group, uses the experience he obtained as a member of a Shock Trauma Platoon in Afghanistan to teach life-saving techniques to less experienced sailors.

being an ATG member, Adams is humble and gives credit to those around him, such as his mother, who fostered his passion for teaching.

As a young adult, he found an avenue for his skills.

“I used to coach a basketball team in

my early twenties,” said Adams. “Seeing that process of a young mind not knowing something and then becoming a master at whatever they’re doing is very fulfilling.”

Perhaps the main reason for Adams’ success as a teacher is because he was also a good student during his deployment.

Adams attributes his technical proficiency to his mentors, Navy Chief Ralph Solon and Hospital Corpsman 2nd Class David Levya, during his time as a Shock Trauma Platoon member in Afghanistan.

Adams learned fast and his success in the field led to his meritorious promotion from Seaman to Hospital Corpsman 3rd Class.

Now, as an experienced 28-year-old corpsman, Adams takes pride in passing on his real-world knowledge to new Sailors.

“For Marines to know that (corpsmen are) there really helps their confidence and morale,” said Adams. “They know that if something happens to them in the battlespace, they can and will survive.”

Whether he is teaching new Sailors as a member of the ATG or learning new techniques, Adams understands the value of being a corpsman and strives toward excellence.

Special care nursery opens at Naval Hospital Camp Lejeune

By Mass Communication Specialist 2nd Class A.J. Jones

CAMP LEJEUNE, N.C. - Naval Hospital Camp Lejeune (NHCL) held a ribbon cutting ceremony to mark the official opening of the hospital’s new Special Care Nursery (SCN) July 2.

The SCN has nine private family rooms to foster patient- and family-centered care. This is a marked improvement from the eight bed basic care nursery that NHCL once had. Before the opening of the SCN, infants that were born prematurely often had to be transferred over an hour and a half away to either Wilmington, N.C. or Greenville, N.C. to receive the care they needed.

“Our goal is to deliver and take care of more pre-term babies and sick babies,” said Cmdr. Cynthia Schultz (Dr.), NHCL’s first neonatologist. “By opening the facility and providing an increased level of care for sick newborns, we are able to capture those patients, keep them here and keep the families together.”

The SCN is classified as a Level II Special Care Nursery. Over time the command plans to augment staff, enabling NHCL to take care of infants that are born as early as 32 weeks, according to Schultz.

“It’s been over 30 years since a newly dedicated Special Care Nursery or Neonatal Intensive Care Unit has been established in the United States Navy,” said Cmdr. Robert Englert (Dr.), Neo-

natal Specialty Leader for Navy Medicine. “Historically NICUs (Neonatal Intensive Care Units) or Special Care Nurseries are reserved for the large medical centers and large training centers. Well, Camp Lejeune actually surpasses at least one of those hospitals annually with deliveries, and ranks in the top five in the Department of Defense for annual deliveries, delivering over 200 babies per month.”

“The opening of the new SCN wouldn’t have been possible, if not for the help and support from local civilian community hospitals and medical centers,” said Capt. David Lane (Dr.), commanding officer of NHCL.

According to Lane, with so many babies being born and limited resources before the opening of the new SCN, NHCL was transporting approximately 50 high risk and premature infants to higher level care facilities in the region. The opening of the SCN will allow NHCL to take care of half of the infants that were previously sent to other hospitals. This means less hardship on the families of these children, because they can now receive the care they need at NHCL.

“The goal is that this is your home, we want to keep the families at their home,” said Dr. Fernando Moya, Director of Neonatology, New Hanover Regional Medical Center and Coastal Carolina Neonatology, the guest speaker for the ribbon cutting ceremony. “You have our pledge that we are going to work with you to keep babies here.”

The largest study in U.S. military history extended for 67 years

From Naval Health Research Center Public Affairs

SAN DIEGO - The Naval Health Research Center's (NHRC) Millennium Cohort Study was extended to follow service members and veterans during the entire course of their lifetimes.

Given the significance and success of this study, the Office of the Assistant Secretary of Defense for Health Affairs approved the extension of the study to 67 years May 21 making this not only the largest study in military history, but also the longest study.

The study was originally designed in collaboration with all military service branches and the Department of Veterans Affairs to evaluate the health of service personnel throughout their military careers to advance knowledge regarding physical and psychological health outcomes. Originally the study was set up to follow service members for 21 years (20 years of service plus one year).

"This extension allows the Millennium Cohort Study researchers to investigate the temporal sequence of military experiences and their potential health outcomes among an aging cohort of current and former service members," said Dr. Nancy Crum-Cianflone, Millennium Cohort Study principal investigator. She went on to add, since physical and psychological health conditions related to service may occur at any time during or after service, and may involve long latency time periods (e.g. memory issues, cancer, and mortality), the continued assessment of service members over their total lifespans is imperative.

As force health protection continues to be a priority for the U.S. military, the Millennium Cohort Study's prospec-

The Millenium Cohort Study: Quick Facts

58% of participants have deployed in support of the operations in Iraq and Afghanistan

43% of participants have left military service and continue to participate in the study

84% of responders completed their 2011-2013 survey online

34% of the Cohort are women



tive design, size, longevity and ability to capture a full range of health-related exposures and outcomes, will continue to provide critical information to military leaders and policymakers towards enhancing the long-term health of current and future generations of military members and their families.

"The study also includes spouses of military service personnel as part of the family component," said Crum-Cianflone. "The Family Study will provide a more complete understanding of the impact of service time on military families, including spouses and children."

Studying the health of military families in a large sample of service members provides critical information that can be utilized to answer scientific, operational, and policy questions.

The Millennium Cohort Study was initiated in 2001 and currently has over 200,000 participants. Although the original designers of the Millennium Cohort Study could not foresee the post-2001 military conflicts, the project is perfectly positioned to address health outcomes related to these and future operations. Deployment of more than 50 percent of Millennium Cohort participants in sup-

port of the wars in Iraq and Afghanistan enable researchers to prospectively evaluate detailed data from before, during, and after these deployments. Areas of research include posttraumatic stress disorder, depression, alcohol misuse, respiratory illnesses, sleep, and chronic diseases.

NHRC was designated as the DoD Center for Deployment Health Research in 1999 by the Assistant Secretary of Defense for Health Affairs. To assist in this mission, NHRC established the Deployment Health Research Department. The department has the ability to quickly adapt and confront novel health concerns of DoD beneficiary populations, and where applicable the general public. Staff members have expertise in epidemiology, medicine, psychology, reproductive health, biostatistics, complex data management, large mail and telephone surveys, and occupational health. Included among the core programs of the NHRC Deployment Health Research Department are the Millennium Cohort Study, the Millennium Cohort Family Study, the Recruit Assessment Program, the DoD Birth and Infant Health Registry, and a collection of post-marketing vaccine safety and effectiveness studies.



Photo by Mass Communication Specialist 2nd Class Carlos M. Vazquez II

Basic first aid course during Pacific Partnership 2013

U.S. Army Pfc. Samantha Pierce demonstrates how to respond to an unresponsive choking victim on Hospital Corpsman 3rd Class Red Ang to Marshallese nurses and students at a basic first aid course during Pacific Partnership 2013, July 11. Working at the invitation of each host nation, U.S. Navy forces are joined by non-governmental organizations and regional partners that include Australia, Canada, Colombia, France, Japan, Malaysia, Singapore, South Korea and New Zealand to improve maritime security, conduct humanitarian assistance and strengthen disaster response preparedness.



By Chief Hospital Corpsman (SW/AW) Rodney C. Lindsay, Navy and Marine Corps Public Health Center

Photo by Trice Denny

U.S. Navy Chief Master-at-Arms James Blagg and Boatswain's Mate 1st Class Richard Grier, command drug and alcohol prevention advisors, hang a banner at Naval Air Station Key West, Fla.

As summer kicks off, many of us start planning beach trips and barbeques, but it's also Drink Responsibly Month – a good time to consider your drinking habits and take steps to avoid irresponsible alcohol consumption. Choosing to drink alcohol is not a bad thing, but if done carelessly it can quickly lead to risky situations and serious consequences.

As Sailors, we are taught to protect three things: ourselves, our shipmates and our ship. Following this credo is critical to the safety of fellow Sailors, the success of the mission and the readiness of the Navy. It may seem like a small task, but by choosing to drink responsibly you are safeguarding your own career and the well-being of your fellow Sailors.

Common Alcohol Misconceptions

As a chief petty officer with past experience in the Fleet, I have personally witnessed time and time again the tragic influence of alcohol misconceptions amongst our Sailors. Socializing at local bars, drinking games and rounds of drinks to celebrate accomplishments were common among my shipmates, and unfortunately so were these false impressions:

- "I'm almost 21 so it's ok to drink

a little."

- "I've only had a few drinks, I'm okay to drive."
- "We're only a few miles from base, it's ok to drive back."
- "I drove here and I have no other way to get home."
- "I'm not going to get caught."

These statements are simply not true. Underage drinking is illegal and potential consequences include fines, jail time and/or community service. Regardless of how you feel, just one drink starts to impair your judgment, visual function and ability to multitask. Also, over time some people experience a decreased sensitivity to alcohol and do not feel intoxicated; yet their blood alcohol content continues to rise and they may be considered legally impaired while not feeling drunk.

The bottom line is that the consequences are serious. In addition to the potential physical dangers, Sailors involved in alcohol incidents face:

- Loss of rank or pay
- Separation from the Navy
- Civilian consequences, such as fines and jail time

Whether you're driving one-half mile or 100 miles, it's never safe to drive under

the influence. Programs are available that offer safe rides home and do not result in disciplinary action. During my time aboard the USS Harry S. Truman (CVN 75), the First Class Petty Officer Association noticed that some Sailors were either unaware of or not taking advantage of an existing taxi program. As a result, we worked through the chain of command to institute Truman 456, a confidential program that connects Sailors who have been drinking with a safe ride home from fellow shipmates "on duty" as sober drivers. To find out if a program like this exists on your ship, and to understand your other options for safe rides home, talk to your Coalition of Sailors Against Destructive Decisions (CSADD) chapter or reach out to a Drug and Alcohol Programs Advisor (DAPA).

Responsibility Is a Sign of Strength

It's so important for Sailors to realize that reaching out for help and/or using the resources available are not signs of weakness. Developing a plan of action is a sign of responsibility and maturity. Reaching out for help is a sign of honor and courage, and responsible drinking shows respect for yourself, your shipmates and your ship.